

DEC 10 2004

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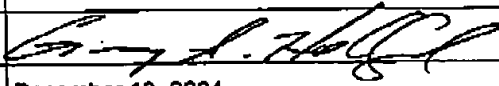
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**REGISTERED PATENT AGENT


FACSIMILE COVER PAGE

DATE: December 10, 2004	
PTO IDENTIFIER:	Application Number 10/755,768 Patent Number Inventor: ELLSWORTH et al.
TO: Mail Stop AMENDMENT	
FAX NUMBER: 703-872-9306	
FROM: Greg S. Hollrigel	
PHONE: 949-450-1750	
Attorney Dkt. #: 10004.0001USD4	
PAGES (Including Cover Sheet): 10	
CONTENTS:	1. Transmittal form (1 page); and 2. Amendment (8 pages).
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/755,768
		Filing Date	January 12, 2004
		First Named Inventor	Ellsworth
		Group Art Unit	3611
		Examiner Name	LUBY, M.D.
Total Number of Pages in This Submission	10	Attorney Docket Number	10004.0001USD4

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Facsimile Cover Page.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	
Date	December 10, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Greg S. Hollrigel		
Signature		Date	December 10, 2004

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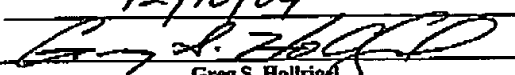
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/755,768 Confirmation No. 1250
Applicant : Ellsworth et al.
Filed : January 12, 2004
Title : BICYCLE SUSPENSION APPARATUS AND RELATED METHOD

TC/A.U. : 3600/3611
Examiner : Luby, M.D.

Docket No. : 10004.0001USD4
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Date:	12/10/04
By:	 Greg S. Holtried

AMENDMENT IN RESPONSE TO SEPTEMBER 10, 2004 OFFICE ACTION

Dear Sir:

This is in response to the September 10, 2004 Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due December 10, 2004. Accordingly, this Amendment is being timely filed. Please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.